## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-13-2010	Address:	Spraker St. (a) Locke St.
Case #:	<u>16F20015</u>		Kokomo, IN
County:	<u>Howard</u>		
Type of Laboratory Scizure (check one) Seizure Location (check all that apply)			
_ •	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☑ Other: Roadside
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s): Roadside			
Red Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: Roadside			
☐ Water Reactive Metal (Lithium): <u>N/A</u>			
☐ Anhydrous Ammonia: N/A			
Hydrochloric Acid Gas Generator(s): N/A			
Corrosive Acid: N/A			
Corrosive Base: Roadside			
Other (item and location): N/A			
☐ Yes <u>N/</u> ☐ No	er age 18 discovered (check one) A (number present)  port to Child Protective Services	☐ Ephedrine ☐ Retail/Me	e <b>Information</b> c/Pseudoephedrine Tracking Log archant Tip komo DTF investigation
This report is to be faxed to the following agencies that serve the location:			
Fire Departi	ment: <u>Kokomo Fd</u>	Fax: (765)456-7580	
Health Department: Howard Co.		Fax: <u>(765)4</u> Fax: <u>N/A</u>	<u>156-2292</u>
Child Protec	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone <u>(765) 473-6666</u>			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.